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**State:** Arkansas **Filing Company:** Lincoln Heritage Life Insurance Company  
**TOI/Sub-TOI:** L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** New Individual Life Policies  
**Project Name/Number:** /

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company  
Product Name: New Individual Life Policies  
State: Arkansas  
TOI: L07I Individual Life - Whole  
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 09/05/2012  
SERFF Tr Num: LHLI-128671709  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 12WL-AR ETAL SR  
  
Implementation: On Approval  
Date Requested:  
Author(s): Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/12/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** New Individual Life Policies  
**Project Name/Number:** /

**Filing Company:** Lincoln Heritage Life Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 09/12/2012  
State Status Changed: 09/12/2012  
Deemer Date: Created By: Sally Roudebush  
Submitted By: Sally Roudebush Corresponding Filing Tracking Number:

### Filing Description:

Lincoln Heritage Life Insurance Company, NAIC # 65927

12WL-AR – Individual Whole Life Endowment at 100 Insurance  
1220P-AR – Individual Twenty Pay Endowment at 100 Insurance  
12GDB-AR – Individual Whole Life Endowment at 100 Limited Benefit Insurance  
12GDBEND-AR – Endorsement for Limited Death Benefits  
12FEAPPR-AR – Application for Individual Life Insurance  
12EPCHRDAPPR-AR – Application for Child Rider  
12CHRDAPPR-AR – Application for Child Rider  
12CHRRDR – Child Rider  
12ADDRD – Accidental Death and Dismemberment Rider  
12AD – Activation form for Accidental Death and Dismemberment Rider

We are submitting the above listed forms for review and approval. These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms. Producers licensed to do business in your state will market these forms..

Form 12WL-AR is an individual whole life insurance policy with endowment at age 100 and premiums are payable until age 100.

Form 1220P-AR is an individual life insurance policy with endowment at age 100 and premiums are payable for twenty years.

Form 12GDB-AR is an individual whole life insurance policy with endowment at age 100 and premiums are payable until age 100. This form has limited death benefits in the early years. When an individual selects the graded death benefit plan during the application process or if it is determined during the underwriting process that an applicant does not qualify for standard coverage, we will issue limited death benefit coverage using this form.

Form 12GDBEND-AR is an endorsement. We will issue this form in conjunction with form 12GDB-AR when an applicant applies for standard coverage and only qualifies for the limited death benefit coverage. We will also use this form if during the underwriting process it is determined the applicant does not qualify for the standard coverage indicated on the application.

Form 12FEAPPR-AR is an application form that will be used to apply for individual life coverage. We will use this form as a paper, electronic and telephonic application. There will not be any additional dropdowns, scripts, questions, questionnaires or supplements if the applicant answers yes to any of the questions on the application. The following procedures will be followed

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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Lincoln Heritage Life Insurance Company
<b>TOI/Sub-TOI:</b>	L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	New Individual Life Policies		
<b>Project Name/Number:</b>	/		

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to verify the authenticity of the transaction.

When used as a paper application the agent will meet with the applicant. The applicant will complete and sign the paper application in the presence of the agent. The agent will sign the application and submit it to the home office for processing. When we receive the payment of the first premium and complete the underwriting process and a policy is issued, a paper copy of the policy, including a copy of the application, will be printed and sent to the applicant.

When used as a telephonic application the process begins with the licensed agent meeting with the applicant. The agent will call the home office to initiate the application process. The agent will state his name and agent number. He will state that John Doe is in his presence and wanting to complete an application for insurance. The home office associate will read the entire application verbatim as the paper application giving the applicant time to provide all necessary information and answer all questions. The home office associate will enter each of the applicant's responses into the policy issuance system. The signature of the applicant will be recorded as verification from the individual that they do want to apply for the individual life insurance coverage. The telephone call is recorded and stored. When we receive the payment of the first premium and complete the underwriting process and a policy is issued, a paper copy of the policy, including a paper copy of the application, will be printed and sent to the applicant. The signature line of the paper copy of the application will indicate that the signature was recorded.

When used as an electronic application the process is similar to the process used for completion of a paper application. A licensed agent will meet with the applicant and complete the application process electronically. The application will be read verbatim as the paper application. Upon completion of the application the applicant's signature will be captured electronically. The electronic application will be submitted to the company's home office for processing. When we receive the payment of the first premium and complete the underwriting process and a policy is issued, a paper copy of the policy, including a paper copy of the application, will be printed and sent to the applicant. The signature line of the paper copy of the application will include the electronically captured signature of the applicant.

Form 12CHRDAPPR-AR is an application which will be used to apply for an optional child rider to the individual whole life coverage.

Form 12EPCHRDAPPR-AR is an application which will be used to apply for an optional child rider for insureds who already have an existing individual whole life policy with our company.

Form 12CHRD is an optional child rider that will be attached to the individual whole life coverage.

Form 12ADDRD is an optional accidental death and dismemberment rider that will be attached to the individual whole life coverage.

Form 12AD is an activation form that will be used to apply for an optional accidental death and dismemberment rider for insureds who already have an existing individual whole life policy with our company.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state, and does not contain any controversial, unusual or previously disapproved provisions.

Sincerely,

Sally Roudebush  
Manager/Compliance Department

**State:** Arkansas  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** New Individual Life Policies  
**Project Name/Number:** /

Lincoln Heritage Life Insurance Company

## Company and Contact

### Filing Contact Information

Sally Roudebush, sally.roudebush@londen-insurance.com  
4343 East Camelback Road 800-433-8181 [Phone]  
Phoenix, AZ 85018 602-808-8845 [FAX]

### Filing Company Information

Lincoln Heritage Life Insurance Company  
4343 East Camelback Road  
Phoenix, AZ 85018  
(800) 433-8181 ext. [Phone]

CoCode: 65927  
Group Code:  
Group Name:  
FEIN Number: 04-2314290

State of Domicile: Illinois  
Company Type: Life and Health  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$500.00  
Retaliatory? Yes  
Fee Explanation: 10 forms x \$50.00 each = \$500.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
Lincoln Heritage Life Insurance Company	\$500.00	09/05/2012	62297446

<b>SERFF Tracking #:</b>	LHLI-128671709	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	12WL-AR ETAL SR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Lincoln Heritage Life Insurance Company		
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
<b>Product Name:</b>	New Individual Life Policies				
<b>Project Name/Number:</b>	/				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/12/2012	09/12/2012

SERFF Tracking #:

LHLI-128671709

State Tracking #:

Company Tracking #:

12WL-AR ETAL SR

State:

Arkansas

Filing Company:

Lincoln Heritage Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

New Individual Life Policies

Project Name/Number:

/

## Disposition

Disposition Date: 09/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual whole life insurance policy		Yes
Form	Individual 20 pay whole life insurance policy		Yes
Form	Individual Graded life insurance policy		Yes
Form	Endorsement for limited death benefits		Yes
Form	Application for individual life insurance		Yes
Form	Application for Child Rider		Yes
Form	Application for Child Rider		Yes
Form	Child Rider		Yes
Form	Accidental Death and Dismemberment Rider		Yes
Form	Accidental Death and Dismemberment Rider Activation Form		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Lincoln Heritage Life Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	New Individual Life Policies		
<b>Project Name/Number:</b>	/		

## Form Schedule

Lead Form Number: 12WL-AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		12WL-AR	POL	Individual whole life insurance policy	Initial:	50.000	12WL-AR.pdf
2		1220P-AR	POL	Individual 20 pay whole life insurance policy	Initial:	50.000	1220P-AR.pdf
3		12GDB-AR	POL	Individual Graded life insurance policy	Initial:	47.000	12GDB-AR.pdf
4		12GDBEND-AR	POLA	Endorsement for limited death benefits	Initial:	44.000	12GDBEND-AR.pdf
5		12FEAPPR-AR	AEF	Application for individual life insurance	Initial:	41.000	12FEAPPR-AR.pdf
6		12EPCHRDAP PR-AR	AEF	Application for Child Rider	Initial:	40.000	12EPCHRDAPPR-AR.pdf
7		12CHRDAPPR-AR	AEF	Application for Child Rider	Initial:	40.000	12CHRDAPPR-AR.pdf
8		12CHRD	POLA	Child Rider	Initial:	40.000	12CHRD.pdf
9		12ADDRD	POLA	Accidental Death and Dismemberment Rider	Initial:	40.000	12ADDRD.pdf
10		12AD	AEF	Accidental Death and Dismemberment Rider Activation Form	Initial:	44.000	12AD.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage

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<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
Springfield, IL

Executive and Mailing Address:

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018

Telephone Toll Free:

800-438-7180

Arkansas Insurance Department

(501) 371-2600

This Policy is a legal contract between the Owner named in the application and Lincoln Heritage Life Insurance Company. We will pay the death benefit set forth in the Policy Schedule, less any debt, to the Beneficiary. We must receive in Our Executive Office due proof that the death of the Insured occurred while this Policy was in force.


We are issuing this Policy in consideration of the application and payment of the first premium. You may keep this insurance in force by paying the premiums as they come due.

**NOTICE OF THIRTY-DAY RIGHT TO EXAMINE POLICY**

If for any reason You are not satisfied with this Policy, You may return it to Us at any time within thirty (30) days after receiving it. You must return this Policy to Our Executive Office or to the producer through whom You purchased it. If You return this Policy, We shall void it from its effective date and all parties shall be in the same position as they were prior to the Policy issuance. We will refund any premium paid including fees or charges, if You return this Policy within the thirty (30) day right to examine period.



President



Secretary

**Endowment at Age 100 Life Insurance**  
**Premiums Payable until Age 100**  
**Non-Participating**

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**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance Yrs	Days
1	1000	.00	0	0	0
2	1000	.00	0	0	0
3	1000	5.35	27	3	226
4	1000	15.01	73	8	124
5	1000	25.01	117	12	12
6	1000	35.36	159	14	279
7	1000	46.04	199	16	273
8	1000	57.06	238	18	115
9	1000	68.40	274	19	176
10	1000	80.04	309	20	131
11	1000	92.00	343	21	18
12	1000	104.31	375	21	221
13	1000	117.01	405	22	22
14	1000	130.18	435	22	148
15	1000	143.81	464	22	236
16	1000	157.86	491	22	291
17	1000	172.32	517	22	319
18	1000	187.14	542	22	324
19	1000	202.28	566	22	309
20	1000	217.70	589	22	274

**Policy Number**[ 27-AR 35 NT ]

**Owner:** [ JOHN DOE ]

**Ultimate Face Amount:** [ \$1,000 ]

**Insured:** [ JOHN DOE ]

**Date of Issue**[ 7/25/12 ]

**Issue Age:** [ 35 ]

**PREMIUMS:**

	Annual	Semi Annual	Quarterly	Monthly Direct	Monthly Bank Draft
Life	[ 32.12 ]	16.70	8.51	2.73	2.73 ]
Policy Fee	[ 36.00 ]	18.00	9.00	5.00	3.00 ]
TOTAL	[ 68.12 ]	34.70	17.51	7.73	5.73 ]

**Cash Values are based on 2001 CSO Table at 4.5%**  
**Reserves use Commissioner's Reserve Valuation Method, 2001 CSO Table at 3.5%**

**Endowment at Age 100 Life Insurance**  
**Premiums Payable until Age 100**  
**Non-Participating**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance	
				Yrs	Days
21	1000	233.38	610	22	221
22	1000	249.31	631	22	152
23	1000	265.57	651	22	68
24	1000	282.21	669	21	335
25	1000	299.19	687	21	228
26	1000	316.42	704	21	111
27	1000	333.82	721	20	350
28	1000	351.30	736	20	220
29	1000	368.86	751	20	81
30	1000	386.50	764	19	301
31	1000	404.25	778	19	153
32	1000	422.19	790	18	360
33	1000	440.34	802	18	205
34	1000	458.73	814	18	40
35	1000	477.34	825	17	241
36	1000	496.13	835	17	72
37	1000	514.92	846	16	268
38	1000	533.61	855	16	96
39	1000	552.24	864	15	288
40	1000	570.82	873	15	118
41	1000	589.34	881	14	309
42	1000	607.74	889	14	143
43	1000	625.89	896	13	335
44	1000	643.66	903	13	176
45	1000	660.96	910	13	4
46	1000	677.73	916	12	219
47	1000	693.95	921	12	57
48	1000	709.69	927	11	273
49	1000	724.95	932	11	126
50	1000	739.63	936	10	339
51	1000	753.65	941	10	211
52	1000	766.94	945	10	75
53	1000	779.47	948	9	314
54	1000	791.27	952	9	205
55	1000	802.38	955	9	92
56	1000	813.04	958	8	349
57	1000	823.59	960	8	0
58	1000	834.25	963	7	0
59	1000	845.32	966	6	0
60	1000	857.30	969	5	0
61	1000	871.19	973	4	0
62	1000	888.65	977	3	0
63	1000	912.24	982	2	0
64	1000	946.53	990	1	0
65	1000	1000.00	1000	PAID UP	

## **DEFINITIONS**

“Age” means the Age of the Insured on their last birthday.

“Application” means the form used to apply for this Policy as completed by You.

“Date of Issue” means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

“Insured” means the person on whose life coverage is based. The Insured is named on the Schedule Page.

“Lapse” is the termination of coverage provided by this Policy due to nonpayment of premium.

“Life Premium” is shown on the Policy Schedule Page. Life Premium includes Policy fees but does not include premiums paid for any attached riders or any premiums paid beyond the end of the Policy month of death.

“Owner” means the individual who controls all rights and benefits of this Policy. The Owner is named on the Schedule Page.

“Reinstatement” means restoring coverage after coverage under this Policy has lapsed due to nonpayment of premiums.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Owner of this Policy.

## GENERAL PROVISIONS

**ENTIRE CONTRACT** – The entire contract between Us and You consists of these Policy pages, attached riders and endorsements, if any, and Your attached application. All statements made by the applicant for the issuance or reinstatement of a Policy shall, in the absence of fraud, be deemed representations and not warranties.

**MODIFICATION OF CONTRACT** – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of our Company. No producer or other person has the authority to change or waive any provision of this Policy.

**CONFORMITY WITH STATE LAW** – If any provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those state laws.

**GRACE PERIOD** – You are allowed a grace period of thirty-one (31) days, without interest, for the payment of any premium, after the first premium. This Policy shall continue in force during this grace period. If the Insured dies during the grace period, We will deduct the unpaid premium from the death benefit. Any payments sent by U.S. mail must be postmarked within the grace period.

**PREMIUMS** – All premiums are payable in advance. You may pay premiums at Our Executive Office. We will issue a receipt to You at Your request. A premium not paid when due is in default at the end of the grace period. At that time, the Policy will expire unless the nonforfeiture provisions automatically continue coverage. We will refund any premiums paid beyond the end of the policy month of the date of death.

**INCONTESTABILITY** – We cannot contest any claim for death occurring more than two (2) years after the date of issue of this Policy during the lifetime of the Insured, unless premiums were not paid. We can contest coverage based on a statement contained in the application attached and made a part of this Policy. The statement used as a basis to the contest shall be material to the risk accepted and the hazard assumed by Us. If the incontestability period is different for any riders, it will be stated in the rider.

If this Policy is reinstated (explained in the Reinstatement section), We cannot contest any claim for death occurring more than two (2) years after the date of reinstatement of this Policy, during the lifetime of the Insured. We can contest coverage following reinstatement based on the answers given in the reinstatement application unless the original contestability period has not expired. If the original contestability period has not expired, We can contest coverage based on the answers given in the Policy application and the reinstatement application. The same conditions and exceptions with respect to contestability apply after reinstatement as applied after original issuance of this Policy.

**MISSTATEMENT OF AGE OR SEX** – If the age or sex is listed incorrectly on the application We shall change the benefit amount to be such as the most recent premium paid would have purchased at the correct age or sex. If the correct age is outside the issue age range for this Policy, We shall calculate a premium and benefit amount.

**MISSTATEMENT OF TOBACCO USE** – If within the first two (2) policy years We determine the tobacco use status is listed incorrectly on the application, the amount payable on death shall be the amount that the premium paid would have purchased using the correct tobacco use status.

**REINSTATEMENT** – Reinstatement of this Policy must be within three (3) years from the date of premium default provided You have not surrendered this Policy for cash and the nonforfeiture benefit period has not expired. You must complete and sign a reinstatement application. You must furnish proof of insurability acceptable to Us for the Insured. All past due premiums must be paid with interest at a rate of not more than six percent (6%) per year. Any loan balance You owed on the date of premium default, must be paid or reinstated with interest, at the rate of eight percent (8%) per year, in arrears from the date of the defaulted premium. Our determination of the Insured's continued insurability must occur during the lifetime of the Insured.

**OWNER** – The application names the Owner. You, the Owner, may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer this Policy to a new Owner. You must request any change in writing. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Owner is subject to any payments made or actions taken by Us prior to receiving Your written request.

If You do not survive the Insured and no Contingent Owner is named, the Contingent Owner will be Your spouse. If You do not have a spouse, the Contingent Owner will be the Insured, if living. If any Insured is a minor, the Contingent Owner of their coverage will be Your estate.

**BENEFICIARY** – The application names the Beneficiary or Beneficiaries. During the lifetime of the Insured, You may change Beneficiaries by writing to Us. Any change will be subject to any assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Beneficiary is subject to any payments made or actions taken by Us prior to receiving Your written request. Only Beneficiaries who survive the Insured will be eligible to share in the death benefit. If no Beneficiary survives the Insured, We will pay the proceeds to the Insured's estate.

**SUICIDE** – If the Insured, whether sane or insane, commits suicide within two years from the date of issue of this Policy, Our liability is limited to the return of all life premiums paid, less any debt.

**ASSIGNMENT** – You have the sole right to assign this Policy. To assign this Policy, We must receive written notice of assignment at Our Executive Office, during the lifetime of the Insured. The effective date of any assignment will be the date You signed the notice of assignment, unless You specify another date in the request. The assignment is subject to any payments made or actions taken by Us prior to receiving Your written notice. We are not liable for the validity of the assignment.

**ENDOWMENT BENEFIT** – The endowment amount of this Policy will be payable when the Insured attains the age of one hundred (100), providing all premiums have been paid and the Policy is in full force and effect. The endowment amount is equal to the death benefit at age one hundred (100).

**DEATH BENEFIT** – The death benefit is set forth in the Policy Schedule page of this Policy. We will pay the death benefit to the Beneficiary listed on the application, unless You have notified Us of a change of Beneficiary. Payment is made when We receive due proof of death. Due proof of death includes, but is not limited to, a certified copy of the Insured's death certificate or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

We will pay the death benefit in one lump sum unless a settlement option is chosen. We will subtract any premium due and any existing loan balance at the time of death from the death benefit amount payable. We will refund any premium paid beyond the end of the Policy month of death.

**INTEREST ON DEATH BENEFIT** – If payment of the proceeds exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the proceeds. If payment of the return of premiums paid beyond the end of the policy month of the date of death exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the return of premium. Interest shall be paid at the rate of eight percent (8%) per year and shall accrue from the date of death.

**LOANS** – While the Policy is in force, You may borrow an amount up to the net cash value, less any debt. The sole security for the loan shall be this Policy.

The loan value shall equal the cash value at the end of the current Policy year. You have the option to take less than the loan value, subject to Our minimum loan requirements.

The loan interest rate, including any additional administrative fees associated with the loan, shall be eight percent (8%) per year in arrears. If You do not pay the interest when due We shall add the interest to the existing loan balance and it shall bear interest at the same rate of interest as the loan.

We may deduct any existing indebtedness, including any due and accrued interest and any unpaid premiums to the end of the current Policy year, from the loan value or the proceeds of the loan.

We shall deduct any loan balance, including interest, from any payment of death benefits made to the Beneficiary, from the cash value of policy if surrendered and from the maturity value. You may repay the loan at any time unless a nonforfeiture benefit has become effective.

We can pay You the loan in cash or You may use the proceeds to pay premiums as an automatic premium loan. You may choose the automatic premium loan option in the application. You may add or withdraw the automatic premium loan option at any time by writing to Us prior to the end of the grace period.

The automatic premium loan will be the amount necessary to pay at least one (1) monthly premium. If the cash value available is not sufficient to pay the monthly premium, the cash value available will automatically buy paid-up insurance. If there is no cash value available the Policy will terminate.

We may defer paying a cash loan for as long as six (6) months after written application for the loan is received by Us, except for a loan made to pay premiums for the insured.

The Policy will become void thirty-one (31) days after; (a) any loan exceeds the cash value; and (b) We mail a notice of termination to Your last known address and the last known address of Your assignee, if any.

**NONFORFEITURE** – In the event of default of premium, You may choose any one of the following benefits. To elect a benefit We must receive Your written request at Our Executive Office no later than sixty (60) days after the due date of the first unpaid premium.

If the Policy is surrendered within sixty (60) days after the due date of any premium payment in default and premiums have been paid for at least three (3) full years, We will pay, in lieu of any paid-up Nonforfeiture benefit, a cash value.

You may use the cash surrender value of this Policy to buy paid-up insurance. You may use paid-up insurance as security for a policy loan. Paid-up insurance will have a cash surrender value equal to the net single premium for such insurance, less any debt.



You may use the cash surrender value of this Policy to buy extended term insurance. Your coverage is continued as paid-up term insurance for the face amount less any debt. The period of extended term insurance shall be what the net cash value will purchase as a net single premium at the attained age of the Insured.

If You do not request a paid-up benefit, the extended term nonforfeiture benefit shall automatically become effective.

If this Policy becomes paid-up by completion of all premium payments or is continued under any paid-up nonforfeiture benefit which became effective on or after the third Policy anniversary We will pay within thirty (30) days of Policy surrender the cash surrender value of this Policy.

We calculate the reserve value, the cash value and the amount of paid-up insurance provided under this Policy using the age, mortality and interest assumptions set forth in the Policy Schedule. We calculate these values and benefits using the assumption that there are no dividends or paid-up additions credited to this Policy and that there is no indebtedness to Us on this Policy.

Any cash surrender value and paid-up nonforfeiture benefit, available under this Policy in the event of default in premium payment due at any time other than on a policy anniversary, shall be calculated with allowance for lapse of time and the payment of fractional premiums from the last preceding policy anniversary.

You may surrender this Policy for the cash surrender value at any time. If the date of surrender is within thirty (30) days following a policy anniversary, the cash value available will not be less than the anniversary value. We may defer paying a cash surrender value for six (6) months after a request has been submitted with surrender of this Policy.

Cash values and paid-up nonforfeiture benefits available under this Policy are not less than the minimum values and benefits required by the NAIC Standard Nonforfeiture Law for Life Insurance, Model Number 808.

**SETTLEMENT OPTIONS** – Subject to the following provisions, the whole or any part, but in no case less than two thousand dollars (\$2,000), of the proceeds due the Beneficiary or Payee in settlement of this Policy at death or maturity or upon surrender may be made payable in accordance with one of the following options, or in any other manner agreed upon with Us.

If the Policy is assigned or the Beneficiary or Payee is a corporation, association, partnership, trustee or estate, no settlement option will be available except with Our consent. Election of an option or change of an election may be made in the same manner as a change of Beneficiary. If no election is in effect on the settlement date, the Beneficiary or Payee may at that time make an election.

A supplementary contract stating the terms of settlement under the option elected will be issued to the Beneficiary or Payee. The first payment under Option 1, 2 or 4 will be made and the right to interest under Option 3 or 4 will accrue as of the date the proceeds of the Policy would otherwise become payable. If any monthly or quarterly payments to any Payee would amount to less than fifty dollars (\$50) each, We reserve the right to change the payments to a less frequent basis.

1. **Income for a Fixed Period** – payable as a monthly, quarterly or annual income for the number of years elected, but not more than thirty (30) years. Each payment will be in an amount as declared by Us but not less than that determined at an interest rate of two percent (2%) per year as shown in Table B.

2. **Life Income** – payable as a monthly income for the period certain elected and as long thereafter as the Beneficiary or Payee may live. Each payment will be in an amount as declared by Us but not less than that shown in Table A. The period certain may be zero (0), five (5), ten (10), fifteen (15) or twenty (20) years. We will require satisfactory evidence of the age of the Payee.
3. **Interest Income** – benefit left on deposit with Us during the lifetime of the Beneficiary or for a specified period, with interest payable at such rate as We may declare, not less than two percent (2%) per year.
4. **Income of Fixed Amount** – payable as a monthly, quarterly or annual income of the amount elected, but not less than fifty dollars (\$50) per one thousand dollars (\$1,000) of proceeds applied, until the proceeds, with interest at such rate as We may declare, are exhausted. The rate of interest will not be less than two percent (2%) per year.

Annuity benefit amounts at the time they begin will not be less than would be provided by application of the cash surrender value to purchase a single consideration immediate annuity contract. The purchase rates will be those offered by Us at that time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

If a settlement option is chosen where payments are made to a Payee, and if at the death of any Payee there is no living person named to receive any remaining payments, We will pay the balance of the settlement in one lump sum to such Payee's estate.

No person, other than the person electing a settlement option, shall have the right to change, assign or encumber any of the payments. To the extent allowed by law, the payments shall not be subject to claims by creditors nor legal process.

**TABLE A**  
Settlement Options Annuity Whole Life  
Monthly Amounts per \$1,000 Applied  
Annuity Certain and Life

Age	Life Annuity	5 Years	10 Years	15 Years	20 Years
25	2.54	2.54	2.54	2.54	2.53
30	2.69	2.69	2.68	2.68	2.67
35	2.86	2.86	2.86	2.85	2.84
40	3.08	3.08	3.07	3.06	3.03
45	3.36	3.35	3.34	3.31	3.27
50	3.70	3.69	3.67	3.62	3.55
55	4.14	4.13	4.08	3.99	3.86
60	4.72	4.70	4.61	4.44	4.20
65	5.53	5.47	5.28	4.95	4.53
70	6.66	6.52	6.10	5.47	4.79
75	8.24	7.90	7.00	5.91	4.95
80	10.47	9.64	7.86	6.20	5.02
85	13.56	11.61	8.52	6.35	5.04
90	17.68	13.57	8.92	6.41	5.04
95	23.48	15.35	9.12	6.42	5.04

(Basis: 1983 Table "a", 2%)

**TABLE B**

Table of Installments per \$1000 of Proceeds  
Installments for a Fixed Period

Amount of Each Installment Payable for Designated Number of Years  
Paid Annually or Monthly

Years	Annually	Monthly	Years	Annually	Monthly	Years	Annually	Monthly
1	\$1000.00	\$ 84.09	11	\$ 100.17	\$ 8.42	21	\$ 57.63	\$ 4.85
2	504.95	42.46	12	92.71	7.80	22	55.52	4.67
3	339.96	28.59	13	86.39	7.26	23	53.60	4.67
4	257.47	21.65	14	80.98	6.81	24	51.83	4.36
5	208.00	17.49	15	76.30	6.42	25	50.22	4.22
6	175.03	14.72	16	42.21	6.07	26	48.72	4.10
7	151.48	12.74	17	68.60	5.77	27	47.35	3.98
8	133.83	11.25	18	65.39	5.50	28	46.07	3.87
9	120.11	10.10	19	62.53	5.26	29	44.88	3.77
10	109.14	9.18	20	59.96	5.04	30	43.77	3.68

**Endowment at Age 100 Life Insurance**  
**Premiums Payable until Age 100**  
**Non-Participating**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
Springfield, IL

Executive and Mailing Address:

Telephone Toll Free:

Arkansas Insurance Department

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018

800-438-7180


(501) 371-2600

This Policy is a legal contract between the Owner named in the application and Lincoln Heritage Life Insurance Company. We will pay the death benefit set forth in the Policy Schedule, less any debt, to the Beneficiary. We must receive in Our Executive Office due proof that the death of the Insured occurred while this Policy was in force.

We are issuing this Policy in consideration of the application and payment of the first premium. You may keep this insurance in force by paying the premiums as they come due.

**NOTICE OF THIRTY-DAY RIGHT TO EXAMINE POLICY**

If for any reason You are not satisfied with this Policy, You may return it to Us at any time within thirty (30) days after receiving it. You must return this Policy to Our Executive Office or to the producer through whom You purchased it. If You return this Policy, We shall void it from its effective date and all parties shall be in the same position as they were prior to the Policy issuance. We will refund any premium paid including fees or charges, if You return this Policy within the thirty (30) day right to examine period.



President



Secretary

**Endowment at Age 100 Life Insurance**  
**Premiums Payable for Twenty Years**  
**Non-Participating**

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**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance Yrs	Days
1	1000	.00	0	0	0
2	1000	.93	5	0	256
3	1000	15.53	79	9	83
4	1000	30.71	149	15	45
5	1000	46.50	217	19	27
6	1000	62.91	282	21	360
7	1000	79.95	345	24	45
8	1000	97.62	406	25	325
9	1000	115.93	465	27	149
10	1000	134.89	521	28	248
11	1000	154.55	575	29	279
12	1000	174.93	628	30	262
13	1000	196.11	679	31	202
14	1000	218.19	729	32	115
15	1000	241.17	777	33	19
16	1000	265.07	824	33	306
17	1000	289.90	870	34	270
18	1000	315.66	914	35	329
19	1000	342.36	958	37	299
20	1000	370.02	1000	45	0

**Policy Number:** [27-AR 20 PAY ]

**Owner:** [ JOHN DOE ]

**Ultimate Face Amount:** \$1,000

**Insured:** [ JOHN DOE ]

**Date of Issue:** [ 7/25/12 ]

**Issue Age:** [ 35 ]

**PREMIUMS:**

	Annual	Semi Annual	Quarterly	Monthly Direct	Monthly Bank Draft
Life	[ 47.53 ]	24.72	12.60	4.04	4.04 ]
Policy Fee	[ 36.00 ]	18.00	9.00	5.00	3.00 ]
TOTAL	[ 83.53 ]	42.72	21.60	9.04	7.04 ]

**Cash Values are based on 2001 CSO Table at 4.5%**

**Reserves use Commissioner's Reserve Valuation Method, 2001 CSO Table at 3.5%**

**Endowment at Age 100 Life Insurance**  
**Premiums Payable for Twenty Years**  
**Non-Participating**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance	
				Yrs	Days
21	1000	382.64	1000	44	0
22	1000	395.47	1000	43	0
23	1000	408.57	1000	42	0
24	1000	421.97	1000	41	0
25	1000	435.64	1000	40	0
26	1000	449.52	1000	39	0
27	1000	463.53	1000	38	0
28	1000	477.61	1000	37	0
29	1000	491.74	1000	36	0
30	1000	505.95	1000	35	0
31	1000	520.25	1000	34	0
32	1000	534.69	1000	33	0
33	1000	549.31	1000	32	0
34	1000	564.11	1000	31	0
35	1000	579.11	1000	30	0
36	1000	594.24	1000	29	0
37	1000	609.37	1000	28	0
38	1000	624.42	1000	27	0
39	1000	639.42	1000	26	0
40	1000	654.39	1000	25	0
41	1000	669.30	1000	24	0
42	1000	684.12	1000	23	0
43	1000	698.73	1000	22	0
44	1000	713.04	1000	21	0
45	1000	726.97	1000	20	0
46	1000	740.48	1000	19	0
47	1000	753.54	1000	18	0
48	1000	766.22	1000	17	0
49	1000	778.50	1000	16	0
50	1000	790.32	1000	15	0
51	1000	801.61	1000	14	0
52	1000	812.32	1000	13	0
53	1000	822.41	1000	12	0
54	1000	831.91	1000	11	0
55	1000	840.85	1000	10	0
56	1000	849.44	1000	9	0
57	1000	857.94	1000	8	0
58	1000	866.52	1000	7	0
59	1000	875.43	1000	6	0
60	1000	885.08	1000	5	0
61	1000	896.27	1000	4	0
62	1000	910.33	1000	3	0
63	1000	929.33	1000	2	0
64	1000	956.94	1000	1	0
65	1000	1000.00	1000	PAID	UP

## DEFINITIONS

"Age" means the Age of the Insured on their last birthday.

"Application" means the form used to apply for this Policy as completed by You.

"Date of Issue" means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

"Insured" means the person on whose life coverage is based. The Insured is named on the Schedule Page.

"Lapse" is the termination of coverage provided by this Policy due to nonpayment of premium.

"Life Premium" is shown on the Policy Schedule Page. Life Premium includes Policy fees but does not include premiums paid for any attached riders or any premiums paid beyond the end of the Policy month of death.

"Owner" means the individual who controls all rights and benefits of this Policy. The Owner is named on the Schedule Page.

"Reinstatement" means restoring coverage after coverage under this Policy has lapsed due to nonpayment of premiums.

"We," "Us," and "Our," mean Lincoln Heritage Life Insurance Company.

"You" and "Your" mean the Owner of this Policy.



## GENERAL PROVISIONS

**ENTIRE CONTRACT** – The entire contract between Us and You consists of these Policy pages, attached riders and endorsements, if any, and Your attached application. All statements made by the applicant for the issuance or reinstatement of a Policy shall, in the absence of fraud, be deemed representations and not warranties.

**MODIFICATION OF CONTRACT** – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of our Company. No producer or other person has the authority to change or waive any provision of this Policy.

**CONFORMITY WITH STATE LAW** – If any provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those state laws.

**GRACE PERIOD** – You are allowed a grace period of thirty-one (31) days, without interest, for the payment of any premium, after the first premium. This Policy shall continue in force during this grace period. If the Insured dies during the grace period, We will deduct the unpaid premium from the death benefit. Any payments sent by U.S. mail must be postmarked within the grace period.

**PREMIUMS** – All premiums are payable in advance. You may pay premiums at Our Executive Office. We will issue a receipt to You at Your request. A premium not paid when due is in default at the end of the grace period. At that time, the Policy will expire unless the nonforfeiture provisions automatically continue coverage. We will refund any premiums paid beyond the end of the policy month of the date of death.

**INCONTESTABILITY** – We cannot contest any claim for death occurring more than two (2) years after the date of issue of this Policy during the lifetime of the Insured, unless premiums were not paid. We can contest coverage based on a statement contained in the application attached and made a part of this Policy. The statement used as a basis to the contest shall be material to the risk accepted and the hazard assumed by Us. If the incontestability period is different for any riders, it will be stated in the rider.

If this Policy is reinstated (explained in the Reinstatement section), We cannot contest any claim for death occurring more than two (2) years after the date of reinstatement of this Policy, during the lifetime of the Insured. We can contest coverage following reinstatement based on the answers given in the reinstatement application unless the original contestability period has not expired. If the original contestability period has not expired, We can contest coverage based on the answers given in the Policy application and the reinstatement application. The same conditions and exceptions with respect to contestability apply after reinstatement as applied after original issuance of this Policy.

**MISSTATEMENT OF AGE OR SEX** – If the age or sex is listed incorrectly on the application We shall change the benefit amount to be such as the most recent premium paid would have purchased at the correct age or sex. If the correct age is outside the issue age range for this Policy, We shall calculate a premium and benefit amount.

**MISSTATEMENT OF TOBACCO USE** – If within the first two (2) policy years We determine the tobacco use status is listed incorrectly on the application, the amount payable on death shall be the amount that the premium paid would have purchased using the correct tobacco use status.

**REINSTATEMENT** – Reinstatement of this Policy must be within three (3) years from the date of premium default provided You have not surrendered this Policy for cash and the nonforfeiture benefit period has not expired. You must complete and sign a reinstatement application. You must furnish proof of insurability acceptable to Us for the Insured. All past due premiums must be paid with interest at a rate of not more than six percent (6%) per year. Any loan balance You owed on the date of premium default, must be paid or reinstated with interest, at the rate of eight percent (8%) per year, in arrears from the date of the defaulted premium. Our determination of the Insured's continued insurability must occur during the lifetime of the Insured.

**OWNER** – The application names the Owner. You, the Owner, may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer this Policy to a new Owner. You must request any change in writing. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Owner is subject to any payments made or actions taken by Us prior to receiving Your written request.

If You do not survive the Insured and no Contingent Owner is named, the Contingent Owner will be Your spouse. If You do not have a spouse, the Contingent Owner will be the Insured, if living. If any Insured is a minor, the Contingent Owner of their coverage will be Your estate.

**BENEFICIARY** – The application names the Beneficiary or Beneficiaries. During the lifetime of the Insured, You may change Beneficiaries by writing to Us. Any change will be subject to any assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Beneficiary is subject to any payments made or actions taken by Us prior to receiving Your written request. Only Beneficiaries who survive the Insured will be eligible to share in the death benefit. If no Beneficiary survives the Insured, We will pay the proceeds to the Insured's estate.

**SUICIDE** – If the Insured, whether sane or insane, commits suicide within two years from the date of issue of this Policy, Our liability is limited to the return of all life premiums paid, less any debt.

**ASSIGNMENT** – You have the sole right to assign this Policy. To assign this Policy, We must receive written notice of assignment at Our Executive Office, during the lifetime of the Insured. The effective date of any assignment will be the date You signed the notice of assignment, unless You specify another date in the request. The assignment is subject to any payments made or actions taken by Us prior to receiving Your written notice. We are not liable for the validity of the assignment.

**ENDOWMENT BENEFIT** – The endowment amount of this Policy will be payable when the Insured attains the age of one hundred (100), providing all premiums have been paid and the Policy is in full force and effect. The endowment amount is equal to the death benefit at age one hundred (100).

**DEATH BENEFIT** – The death benefit is set forth in the Policy Schedule page of this Policy. We will pay the death benefit to the Beneficiary listed on the application, unless You have notified Us of a change of Beneficiary. Payment is made when We receive due proof of death. Due proof of death includes, but is not limited to, a certified copy of the Insured's death certificate or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

We will pay the death benefit in one lump sum unless a settlement option is chosen. We will subtract any premium due and any existing loan balance at the time of death from the death benefit amount payable. We will refund any premium paid beyond the end of the Policy month of death.

**INTEREST ON DEATH BENEFIT** – If payment of the proceeds exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the proceeds. If payment of the return of premiums paid beyond the end of the policy month of the date of death exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the return of premium. Interest shall be paid at the rate of eight percent (8%) per year and shall accrue from the date of death.

**LOANS** – While the Policy is in force, You may borrow an amount up to the net cash value, less any debt. The sole security for the loan shall be this Policy.

The loan value shall equal the cash value at the end of the current Policy year. You have the option to take less than the loan value, subject to Our minimum loan requirements.

The loan interest rate, including any additional administrative fees associated with the loan, shall be eight percent (8%) per year in arrears. If You do not pay the interest when due We shall add the interest to the existing loan balance and it shall bear interest at the same rate of interest as the loan.

We may deduct any existing indebtedness, including any due and accrued interest and any unpaid premiums to the end of the current Policy year, from the loan value or the proceeds of the loan.

We shall deduct any loan balance, including interest, from any payment of death benefits made to the Beneficiary, from the cash value of policy if surrendered and from the maturity value. You may repay the loan at any time unless a nonforfeiture benefit has become effective.

We can pay You the loan in cash or You may use the proceeds to pay premiums as an automatic premium loan. You may choose the automatic premium loan option in the application. You may add or withdraw the automatic premium loan option at any time by writing to Us prior to the end of the grace period.

The automatic premium loan will be the amount necessary to pay at least one (1) monthly premium. If the cash value available is not sufficient to pay the monthly premium, the cash value available will automatically buy paid-up insurance. If there is no cash value available the Policy will terminate.

We may defer paying a cash loan for as long as six (6) months after written application for the loan is received by Us, except for a loan made to pay premiums for the insured.

The Policy will become void thirty-one (31) days after; (a) any loan exceeds the cash value; and (b) We mail a notice of termination to Your last known address and the last known address of Your assignee, if any.

**NONFORFEITURE** – In the event of default of premium, You may choose any one of the following benefits. To elect a benefit We must receive Your written request at Our Executive Office no later than sixty (60) days after the due date of the first unpaid premium.

If the Policy is surrendered within sixty (60) days after the due date of any premium payment in default and premiums have been paid for at least three (3) full years, We will pay, in lieu of any paid-up Nonforfeiture benefit, a cash value.

You may use the cash surrender value of this Policy to buy paid-up insurance. You may use paid-up insurance as security for a policy loan. Paid-up insurance will have a cash surrender value equal to the net single premium for such insurance, less any debt.

You may use the cash surrender value of this Policy to buy extended term insurance. Your coverage is continued as paid-up term insurance for the face amount less any debt. The period of extended term insurance shall be what the net cash value will purchase as a net single premium at the attained age of the Insured.

If You do not request a paid-up benefit, the extended term nonforfeiture benefit shall automatically become effective.

If this Policy becomes paid-up by completion of all premium payments or is continued under any paid-up nonforfeiture benefit which became effective on or after the third Policy anniversary We will pay within thirty (30) days of Policy surrender the cash surrender value of this Policy.

We calculate the reserve value, the cash value and the amount of paid-up insurance provided under this Policy using the age, mortality and interest assumptions set forth in the Policy Schedule. We calculate these values and benefits using the assumption that there are no dividends or paid-up additions credited to this Policy and that there is no indebtedness to Us on this Policy.

Any cash surrender value and paid-up nonforfeiture benefit, available under this Policy in the event of default in premium payment due at any time other than on a policy anniversary, shall be calculated with allowance for lapse of time and the payment of fractional premiums from the last preceding policy anniversary.

You may surrender this Policy for the cash surrender value at any time. If the date of surrender is within thirty (30) days following a policy anniversary, the cash value available will not be less than the anniversary value. We may defer paying a cash surrender value for six (6) months after a request has been submitted with surrender of this Policy.

Cash values and paid-up nonforfeiture benefits available under this Policy are not less than the minimum values and benefits required by the NAIC Standard Nonforfeiture Law for Life Insurance, Model Number 808.

**SETTLEMENT OPTIONS** – Subject to the following provisions, the whole or any part, but in no case less than two thousand dollars (\$2,000), of the proceeds due the Beneficiary or Payee in settlement of this Policy at death or maturity or upon surrender may be made payable in accordance with one of the following options, or in any other manner agreed upon with Us.

If the Policy is assigned or the Beneficiary or Payee is a corporation, association, partnership, trustee or estate, no settlement option will be available except with Our consent. Election of an option or change of an election may be made in the same manner as a change of Beneficiary. If no election is in effect on the settlement date, the Beneficiary or Payee may at that time make an election.

A supplementary contract stating the terms of settlement under the option elected will be issued to the Beneficiary or Payee. The first payment under Option 1, 2 or 4 will be made and the right to interest under Option 3 or 4 will accrue as of the date the proceeds of the Policy would otherwise become payable. If any monthly or quarterly payments to any Payee would amount to less than fifty dollars (\$50) each, We reserve the right to change the payments to a less frequent basis.

1. **Income for a Fixed Period** – payable as a monthly, quarterly or annual income for the number of years elected, but not more than thirty (30) years. Each payment will be in an amount as declared by Us but not less than that determined at an interest rate of two percent (2%) per year as shown in Table B.

2. **Life Income** – payable as a monthly income for the period certain elected and as long thereafter as the Beneficiary or Payee may live. Each payment will be in an amount as declared by Us but not less than that shown in Table A. The period certain may be zero (0), five (5), ten (10), fifteen (15) or twenty (20) years. We will require satisfactory evidence of the age of the Payee.
3. **Interest Income** – benefit left on deposit with Us during the lifetime of the Beneficiary or for a specified period, with interest payable at such rate as We may declare, not less than two percent (2%) per year.
4. **Income of Fixed Amount** – payable as a monthly, quarterly or annual income of the amount elected, but not less than fifty dollars (\$50) per one thousand dollars (\$1,000) of proceeds applied, until the proceeds, with interest at such rate as We may declare, are exhausted. The rate of interest will not be less than two percent (2%) per year.

Annuity benefit amounts at the time they begin will not be less than would be provided by application of the cash surrender value to purchase a single consideration immediate annuity contract. The purchase rates will be those offered by Us at that time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

If a settlement option is chosen where payments are made to a Payee, and if at the death of any Payee there is no living person named to receive any remaining payments, We will pay the balance of the settlement in one lump sum to such Payee's estate.

No person, other than the person electing a settlement option, shall have the right to change, assign or encumber any of the payments. To the extent allowed by law, the payments shall not be subject to claims by creditors nor legal process.

**TABLE A**  
Settlement Options Annuity Whole Life  
Monthly Amounts per \$1,000 Applied  
Annuity Certain and Life

Age	Life Annuity	5 Years	10 Years	15 Years	20 Years
25	2.54	2.54	2.54	2.54	2.53
30	2.69	2.69	2.68	2.68	2.67
35	2.86	2.86	2.86	2.85	2.84
40	3.08	3.08	3.07	3.06	3.03
45	3.36	3.35	3.34	3.31	3.27
50	3.70	3.69	3.67	3.62	3.55
55	4.14	4.13	4.08	3.99	3.86
60	4.72	4.70	4.61	4.44	4.20
65	5.53	5.47	5.28	4.95	4.53
70	6.66	6.52	6.10	5.47	4.79
75	8.24	7.90	7.00	5.91	4.95
80	10.47	9.64	7.86	6.20	5.02
85	13.56	11.61	8.52	6.35	5.04
90	17.68	13.57	8.92	6.41	5.04
95	23.48	15.35	9.12	6.42	5.04

(Basis: 1983 Table "a", 2%)

**TABLE B**

Table of Installments per \$1000 of Proceeds  
Installments for a Fixed Period

Amount of Each Installment Payable for Designated Number of Years  
Paid Annually or Monthly

Years	Annually	Monthly	Years	Annually	Monthly	Years	Annually	Monthly
1	\$1000.00	\$ 84.09	11	\$ 100.17	\$ 8.42	21	\$ 57.63	\$ 4.85
2	504.95	42.46	12	92.71	7.80	22	55.52	4.67
3	339.96	28.59	13	86.39	7.26	23	53.60	4.67
4	257.47	21.65	14	80.98	6.81	24	51.83	4.36
5	208.00	17.49	15	76.30	6.42	25	50.22	4.22
6	175.03	14.72	16	42.21	6.07	26	48.72	4.10
7	151.48	12.74	17	68.60	5.77	27	47.35	3.98
8	133.83	11.25	18	65.39	5.50	28	46.07	3.87
9	120.11	10.10	19	62.53	5.26	29	44.88	3.77
10	109.14	9.18	20	59.96	5.04	30	43.77	3.68

**Endowment at Age 100 Life Insurance  
Premiums Payable for Twenty Years  
Non-Participating**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**Springfield, IL**

Executive and Mailing Address:

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018

Telephone Toll Free:

800-438-7180

Arkansas Insurance Department

(501) 371-2600

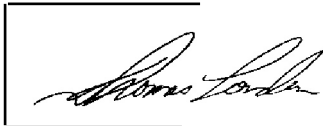
**THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT**  
**PLEASE READ YOUR CONTRACT CAREFULLY**

This Policy is a legal contract between the Owner named in the application and Lincoln Heritage Life Insurance Company. We will pay the death benefit set forth in the Policy Schedule, less any debt, to the Beneficiary. We must receive in Our Executive Office due proof that the death of the Insured occurred while this Policy was in force.

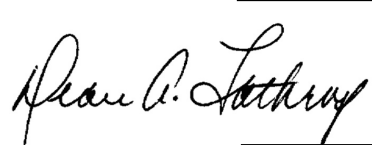
We are issuing this Policy in consideration of the application and payment of the first premium. You may keep this insurance in force by paying the premiums as they come due.

**NOTICE OF THIRTY-DAY RIGHT TO EXAMINE POLICY**

If for any reason You are not satisfied with this Policy, You may return it to Us at any time within thirty (30) days after receiving it. You must return this Policy to Our Executive Office or to the producer through whom You purchased it. If You return this Policy, We shall void it from its effective date and all parties shall be in the same position as they were prior to the Policy issuance. We will refund any premium paid including fees or charges, if You return this Policy within the thirty (30) day right to examine period.



President



Secretary

**Endowment at Age 100 Life Insurance**  
**Limited Benefit Amount Payable for Death**  
**During Early Policy Years**  
**Ultimate Face Amount Payable after Limited Period and Beyond**  
**Premiums Payable until Age 100**  
**Non-Participating**

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**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance Yrs	Days
1	500	.00	0	0	0
2	780	17.29	33	0	314
3	1000	48.15	88	2	69
4	1000	79.42	141	3	100
5	1000	111.09	192	4	48
6	1000	143.04	241	4	300
7	1000	175.00	288	5	135
8	1000	206.79	332	5	289
9	1000	238.47	373	6	37
10	1000	270.08	413	6	117
11	1000	301.57	451	6	170
12	1000	332.87	487	6	203
13	1000	363.73	521	6	219
14	1000	393.95	553	6	219
15	1000	423.38	583	6	206
16	1000	451.90	611	6	181
17	1000	479.49	637	6	146
18	1000	506.26	661	6	103
19	1000	532.20	684	6	54
20	1000	557.17	705	5	364

**Policy Number:** [ 27-22417 ]

**Owner:** [ J J ]

**Ultimate Face Amount:** [ \$1,000 ]

**Insured:** [ J J ]

**Date of Issue:** [ 9/04/12 ]

**Issue Age:** [ 65 ]

**PREMIUMS:**

	Annual	Semi Annual	Quarterly	Monthly Direct	Monthly Bank Draft
Life	[ 155.06 ]	80.63	41.09	13.18	[ 13.18 ]
Policy Fee	[ 36.00 ]	18.00	9.00	5.00	3.00
TOTAL	[ 191.06 ]	98.63	50.09	18.18	[ 16.18 ]

Cash Values are based on 2001 CSO Table at 4.5%  
Reserves use Commissioner's Reserve Valuation Method, 2001 CSO Table at 3.5%

**Endowment at Age 100 Life Insurance**  
**Limited Benefit Amount Payable for Death**  
**During Early Policy Years**  
**Ultimate Face Amount Payable after Limited Period and Beyond**  
**Premiums Payable until Age 100**  
**Non-Participating**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE**  
**TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Paid Up Insurance	Extended Term Insurance	
				Yrs	Days
21	1000	581.01	725	5	317
22	1000	603.62	744	5	270
23	1000	624.94	760	5	222
24	1000	645.00	776	5	173
25	1000	663.89	790	5	125
26	1000	682.03	803	5	77
27	1000	699.97	816	5	33
28	1000	718.09	829	4	362
29	1000	736.92	842	4	343
30	1000	757.30	856	4	339
31	1000	780.92	872	4	0
32	1000	810.62	891	3	0
33	1000	850.74	916	2	0
34	1000	909.05	950	1	0
35	1000	1000.00	1000	PAID	UP

## DEFINITIONS

"Age" means the Age of the Insured on their last birthday.

"Application" means the form used to apply for this Policy as completed by You.

"Date of Issue" means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

"Insured" means the person on whose life coverage is based. The Insured is named on the Schedule Page.

"Lapse" is the termination of coverage provided by this Policy due to nonpayment of premium.

"Life Premium" is shown on the Policy Schedule Page. Life Premium includes Policy fees but does not include premiums paid for any attached riders or any premiums paid beyond the end of the Policy month of death.

"Owner" means the individual who controls all rights and benefits of this Policy. The Owner is named on the Schedule Page.

"Reinstatement" means restoring coverage after coverage under this Policy has lapsed due to nonpayment of premiums.

"We," "Us," and "Our," mean Lincoln Heritage Life Insurance Company.

"You" and "Your" mean the Owner of this Policy.

## GENERAL PROVISIONS

**ENTIRE CONTRACT** – The entire contract between Us and You consists of these Policy pages, attached riders and endorsements, if any, and Your attached application. All statements made by the applicant for the issuance or reinstatement of this Policy shall, in the absence of fraud, be deemed representations and not warranties.

**MODIFICATION OF CONTRACT** – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

**CONFORMITY WITH STATE LAWS** – If any provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those state laws.

**GRACE PERIOD** – You are allowed a grace period of thirty-one (31) days, without interest, for the payment of any premium, after the first premium. This Policy shall continue in force during this grace period. If the Insured dies during the grace period, We will deduct the unpaid premium from the death benefit. Any payments sent by U.S. mail must be postmarked within the grace period.

**PREMIUMS** – All premiums are payable in advance. You may pay premiums at Our Executive Office. We will issue a receipt to You at Your request. A premium not paid when due is in default at the end of the grace period. At that time, the Policy will expire unless the nonforfeiture provisions automatically continue coverage. We will refund any premiums paid beyond the end of the policy month of the date of death.

**INCONTESTABILITY** – We cannot contest any claim for death occurring more than two (2) years after the date of issue of this Policy during the lifetime of the Insured, unless premiums were not paid. We can contest coverage based on a statement contained in the application attached and made a part of this Policy. The statement used as a basis to the contest shall be material to the risk accepted and the hazard assumed by Us. If the incontestability period is different for any riders, it will be stated in the rider.

If this Policy is reinstated (explained in the Reinstatement section), We cannot contest any claim for death occurring more than two (2) years, during the lifetime of the Insured, after the date of reinstatement of this Policy. We can contest coverage following reinstatement based on the answers given in the reinstatement application unless the original contestability period has not expired. If the original contestability period has not expired, We can contest coverage based on the answers given in the Policy application and the reinstatement application. The same conditions and exceptions with respect to contestability apply after reinstatement as applied after original issuance of this Policy.

**MISSTATEMENT OF AGE OR SEX** – If the age or sex is listed incorrectly on the application We shall change the benefit amount to be such as the most recent premium paid would have purchased at the correct age or sex. If the correct age is outside the issue age range for this Policy We shall calculate a premium and benefit amount.

**MISSTATEMENT OF TOBACCO USE** – If within the first (2) two policy years We determine the tobacco use status is listed incorrectly on the application, the amount payable on death shall be the amount that the premium paid would have purchased using the correct tobacco use status.

**REINSTATEMENT** – Reinstatement of this Policy must be within three (3) years from the date of premium default provided You have not surrendered this Policy for cash and the nonforfeiture benefit period has not expired. You must complete and sign a reinstatement application. You must furnish proof of insurability acceptable to Us for the Insured.

All past due premiums must be paid with interest at a rate of not more than six percent (6%) per year. Any loan balance You owed on the date of premium default must be paid or reinstated with interest, at the rate of eight percent (8%) per year, in arrears from the date of the defaulted premium. Our determination of the Insured's continued insurability must occur during the lifetime of the Insured.

**OWNER** – The application names the Owner. You, the Owner, may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer this Policy to a new Owner. You must request any change in writing. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Owner is subject to any payments made or actions taken by Us prior to receiving Your written request.

If You do not survive the Insured and no Contingent Owner is named, the Contingent Owner will be Your spouse. If You do not have a spouse, the Contingent Owner will be the Insured, if living. If any Insured is a minor, the Contingent Owner of their coverage will be Your estate.

**BENEFICIARY** – The application names the Beneficiary or Beneficiaries. During the lifetime of the Insured, You may change Beneficiaries by writing to Us. Any change will be subject to any assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of Beneficiary is subject to any payments made or actions taken by Us prior to receiving Your written request. Only Beneficiaries who survive the Insured will be eligible to share in the death benefit. If no Beneficiary survives the Insured, We will pay the proceeds to the Insured's estate.

**SUICIDE** – If the Insured, whether sane or insane, commits suicide within two (2) years from the date of issue of this Policy, Our liability is limited to the return of all life premiums paid, less any debt.

**ASSIGNMENT** – You have the sole right to assign this Policy. To assign this Policy, We must receive written notice of assignment at Our Executive Office, during the lifetime of the Insured. The effective date of any assignment will be the date You signed the notice of assignment, unless You specify another date in the request. The assignment is subject to any payments made or actions taken by Us prior to receiving Your written notice. We are not liable for the validity of the assignment.

**ENDOWMENT BENEFIT** – The endowment amount of this Policy will be payable when the Insured attains the age of one hundred (100), providing all premiums have been paid and the Policy is in full force and effect. The endowment amount is equal to the death benefit at age one hundred (100).

**DEATH BENEFIT** – The death benefit is set forth in the Policy Schedule page of this Policy. We will pay the death benefit to the Beneficiary listed on the application, unless You have notified Us of a change of Beneficiary. Payment is made when We receive due proof of death. Due proof of death includes, but is not limited to, a certified copy of the Insured's death certificate or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

The Policy Schedule Page of this Policy shows the number of years the limited death benefit is payable. The limited death benefit amount shown on the Policy Schedule Page of this Policy is payable if the death of the Insured occurs within the limited benefit years. The ultimate face amount shown on the Policy Schedule Page of this Policy is payable if the death of the Insured occurs after the limited death benefit years

We will pay the death benefit in one lump sum unless a settlement option is chosen. We will subtract any premium due and any existing loan balance at the time of death from the death benefit amount payable. We will refund any premium paid beyond the end of the Policy month of death.

**INTEREST ON DEATH BENEFIT** – If payment of the proceeds exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the proceeds. If payment of the return of premiums paid beyond the end of the policy month of the date of death exceeds thirty (30) days from the date proof of death is furnished, We will pay interest on the return of premium. Interest shall be paid at the rate of eight percent (8%) per year and shall accrue from the date of death.

**LOANS** – While the Policy is in force, You may borrow an amount up to the net cash value, less any debt. The sole security for the loan shall be this Policy.

The loan value shall equal the cash value at the end of the current Policy year. You have the option to take less than the loan value, subject to Our minimum loan requirements.

The loan interest rate, including any additional administrative fees associated with the loan, shall be eight percent (8%) per year in arrears. If You do not pay the interest when due We shall add the interest to the existing loan balance and it shall bear interest at the same rate of interest as the loan.

We may deduct any existing indebtedness, including any due and accrued interest and any unpaid premiums to the end of the current Policy year, from the loan value or the proceeds of the loan.

We shall deduct any loan balance, including interest, from any payment of death benefits made to the Beneficiary, from the cash value of policy if surrendered and from the maturity value. You may repay the loan at any time unless a nonforfeiture benefit has become effective.

We can pay You the loan in cash or You may use the proceeds to pay premiums as an automatic premium loan. You may choose the automatic premium loan option in the application. You may add or withdraw the automatic premium loan option at any time by writing to Us prior to the end of the grace period.

The automatic premium loan will be the amount necessary to pay at least one (1) monthly premium. If the cash value available is not sufficient to pay the monthly premium, the cash value available will automatically buy paid-up insurance. If there is no cash value available the Policy will terminate.

We may defer paying a cash loan for as long as six (6) months after written application for the loan is received by us, except for a loan made to pay premiums for the insured.

The Policy will become void thirty-one (31) days after; (a) any loan exceeds the cash value; and (b) We mail a notice of termination to Your last known address and the last known address of Your assignee, if any.

**NONFORFEITURE** – In the event of default of premium, You may choose any one of the following benefits. To elect a benefit We must receive Your written request at Our Executive Office no later than sixty (60) days after the due date of the first unpaid premium.

If the Policy is surrendered within sixty (60) days after the due date of any premium payment in default and premiums have been paid for at least three (3) full years, We will pay, in lieu of any paid-up Nonforfeiture benefit, a cash value.

You may use the cash surrender value of this Policy to buy paid-up insurance. You may use paid-up insurance as security for a policy loan. Paid-up insurance will have a cash surrender value equal to the net single premium for such insurance, less any debt.

You may use the cash surrender value of this Policy to buy extended term insurance. Your coverage is continued as paid-up term insurance for the face amount less any debt. The period of extended term insurance shall be what the net cash value will purchase as a net single premium at the attained age of the Insured.

If You do not request a paid-up benefit, the extended term nonforfeiture benefit shall automatically become effective.

If this Policy becomes paid-up by completion of all premium payments or is continued under any paid-up nonforfeiture benefit which became effective on or after the third Policy anniversary We will pay within thirty (30) days of Policy surrender the cash surrender value of this Policy.

We calculate the reserve value, the cash value and the amount of paid-up insurance provided under this Policy using the age, mortality and interest assumptions set forth in the Policy Schedule. We calculate these values and benefits using the assumption that there are no dividends or paid-up additions credited to this Policy and that there is no indebtedness to Us on this Policy.

Any cash surrender value and paid-up nonforfeiture benefit, available under this Policy in the event of default in premium payment due at any time other than on a policy anniversary, shall be calculated with allowance for lapse of time and the payment of fractional premiums from the last preceding policy anniversary.

You may surrender this Policy for the cash surrender value at any time. If the date of surrender is within thirty (30) days following a policy anniversary, the cash value available will not be less than the anniversary value. We may defer paying a cash surrender value for six (6) months after a request has been submitted with surrender of this Policy.

Cash values and paid-up nonforfeiture benefits available under this Policy are not less than the minimum values and benefits required by the NAIC Standard Nonforfeiture Law for Life Insurance, Model Number 808.

**SETTLEMENT OPTIONS** – Subject to the following provisions, the whole or any part, but in no case less than two thousand dollars (\$2,000), of the proceeds due the Beneficiary or Payee in settlement of this Policy at death or maturity or upon surrender may be made payable in accordance with one of the following options, or in any other manner agreed upon with Us.

If the Policy is assigned or the Beneficiary or Payee is a corporation, association, partnership, trustee or estate, no settlement option will be available except with Our consent. Election of an option or change of an election may be made in the same manner as a change of Beneficiary. If no election is in effect on the settlement date, the Beneficiary or Payee may at that time make an election.

A supplementary contract stating the terms of settlement under the option elected will be issued to the Beneficiary or Payee. The first payment under Option 1, 2 or 4 will be made and the right to interest under Option 3 or 4 will accrue as of the date the proceeds of the Policy would otherwise become payable. If any monthly or quarterly payments to any Payee would amount to less than fifty dollars (\$50) each, We reserve the right to change the payments to a less frequent basis.

1. **Income for a Fixed Period** – payable as a monthly, quarterly or annual income for the number of years elected, but not more than thirty (30) years. Each payment will be in an amount as declared by Us but not less than that determined at an interest rate of two percent (2%) per year as shown in Table B.

2. **Life Income** – payable as a monthly income for the period certain elected and as long thereafter as the Beneficiary or Payee may live. Each payment will be in an amount as declared by Us but not less than that shown in Table A. The period certain may be zero (0), five (5), ten (10), fifteen (15) or twenty (20) years. We will require satisfactory evidence of the age of the Payee.
3. **Interest Income** – benefit left on deposit with Us during the lifetime of the Beneficiary or for a specified period, with interest payable at such rate as We may declare, not less than two percent (2%) per year.
4. **Income of Fixed Amount** – payable as a monthly, quarterly or annual income of the amount elected, but not less than fifty dollars (\$50) per one thousand (\$1,000) of proceeds applied, until the proceeds, with interest at such rate as We may declare, are exhausted. The rate of interest will not be less than two percent (2%) per year.

Annuity benefit amounts at the time they begin will not be less than would be provided by application of the cash surrender value to purchase a single consideration immediate annuity contract. The purchase rates will be those offered by Us at that time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

If a settlement option is chosen where payments are made to a Payee, and if at the death of any Payee there is no living person named to receive any remaining payments, We will pay the balance of the settlement in one lump sum to such Payee's estate.

No person, other than the person electing a settlement option, shall have the right to change, assign or encumber any of the payments. To the extent allowed by law, the payments shall not be subject to claims by creditors nor legal process.

**TABLE A**  
Settlement Options Annuity Whole Life  
Monthly Amounts per \$1,000 Applied  
Annuity Certain and Life

Age	Life Annuity	5 Years	10 Years	15 Years	20 Years
25	2.54	2.54	2.54	2.54	2.53
30	2.69	2.69	2.68	2.68	2.67
35	2.86	2.86	2.86	2.85	2.84
40	3.08	3.08	3.07	3.06	3.03
45	3.36	3.35	3.34	3.31	3.27
50	3.70	3.69	3.67	3.62	3.55
55	4.14	4.13	4.08	3.99	3.86
60	4.72	4.70	4.61	4.44	4.20
65	5.53	5.47	5.28	4.95	4.53
70	6.66	6.52	6.10	5.47	4.79
75	8.24	7.90	7.00	5.91	4.95
80	10.47	9.64	7.86	6.20	5.02
85	13.56	11.61	8.52	6.35	5.04
90	17.68	13.57	8.92	6.41	5.04
95	23.48	15.35	9.12	6.42	5.04

(Basis: 1983 Table "a", 2%)



**TABLE B**

Table of Installments per \$1000 of Proceeds  
Installments for a Fixed Period

Amount of Each Installment Payable for Designated Number of Years  
Paid Annually or Monthly

Years	Annually	Monthly	Years	Annually	Monthly	Years	Annually	Monthly
1	\$1000.00	\$ 84.09	11	\$ 100.17	\$ 8.42	21	\$ 57.63	\$ 4.85
2	504.95	42.46	12	92.71	7.80	22	55.52	4.67
3	339.96	28.59	13	86.39	7.26	23	53.60	4.67
4	257.47	21.65	14	80.98	6.81	24	51.83	4.36
5	208.00	17.49	15	76.30	6.42	25	50.22	4.22
6	175.03	14.72	16	42.21	6.07	26	48.72	4.10
7	151.48	12.74	17	68.60	5.77	27	47.35	3.98
8	133.83	11.25	18	65.39	5.50	28	46.07	3.87
9	120.11	10.10	19	62.53	5.26	29	44.88	3.77
10	109.14	9.18	20	59.96	5.04	30	43.77	3.68

**Endowment at Age 100 Life Insurance**  
**Limited Benefit Amount Payable for Death**  
**During Early Policy Years**  
**Ultimate Face Amount Payable after Limited Period and Beyond**  
**Premiums Payable until Age 100**  
**Non-Participating**

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

## ENDORSEMENT

POLICY NUMBER:

INSURED:

EFFECTIVE DATE:

It is understood and agreed this endorsement is attached to and made a part of the policy listed above. The provisions of this endorsement apply in lieu of any provisions of the policy to the contrary.

It is understood and agreed that the above listed policy has been issued with an annual premium and face amount as shown on the policy schedule page and the death benefit shall be as follows:

1<sup>st</sup> Year  
2<sup>nd</sup> Year  
3<sup>rd</sup> Year  
and thereafter

50% of the face amount
78% of the face amount
Ultimate Face Amount



President  
Lincoln Heritage Life Insurance Company

I accept the foregoing endorsement.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

Please sign and return this endorsement to the Company. Payment of further premium for the policy will be considered acceptance of this endorsement by the Owner as though the endorsement had been signed as provided.



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**APPLICATION FOR  
INDIVIDUAL LIFE INSURANCE**  
PLEASE PRINT LEGIBLY

Executive Offices:  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

**OWNER INFORMATION**

Name _____			
Email _____		Phone _____	
Address _____		City _____	State _____ Zip _____

**APPLICANT INFORMATION – All applicants must permanently reside in the United States**

Name _____		Relationship to Owner _____	
Address _____		City _____	State _____ Zip _____
Phone _____	SSN _____	Age _____	Date of Birth _____ Sex _____
Primary Beneficiary _____		Relationship _____	
Address _____		Phone _____	Coverage Amount \$ _____
Contingent Beneficiary _____		Relationship _____	Monthly Premium \$ _____

**RIDER OPTIONS**

Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) Per Child _____	AD&D Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) _____	Rider Premium \$ _____
--	---	------------------------

PLAN	PAYMENT METHOD	DUE DATE	TOTAL MONTHLY PREMIUM \$
<input type="checkbox"/> Final Expense <input type="checkbox"/> 20 Year Pay <input type="checkbox"/> Graded Death Benefit	<input type="checkbox"/> Monthly Draft <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Direct	_____ (1st thru 28th only)	_____

**TOBACCO QUESTION**

In the past 12 months, has the applicant used any form of tobacco? \_\_\_\_\_ ☐ Yes ☐ No

**UNINSURABLE CONDITIONS**

1. Has the applicant tested positive for HIV or been diagnosed by a physician as having a terminal illness or AIDS? \_\_\_\_\_ ☐ Yes ☐ No

2. Is the applicant currently bedridden, hospitalized, incarcerated, in a care facility or receiving hospice care? \_\_\_\_\_ ☐ Yes ☐ No

**SIGNIFICANT HEALTH CONDITIONS-If the answer to any health question is "Yes," your death benefit will be graded**

In the past two years, has the applicant been diagnosed with, been treated by a physician or taken medication for any of the following conditions:

1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Disease of the circulatory system, including stroke, aneurysm, or coronary artery disease? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Cancer, other than basal cell skin cancer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Disease of the lungs, including COPD or Emphysema, other than asthma? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Disease of the liver or kidney, or had an organ transplant?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Alzheimer's disease, dementia, organic brain syndrome or ALS (Lou Gehrig's disease)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Alcohol or drug abuse? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Complications of diabetes including amputation, diabetic coma, blindness, or kidney disease? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the

9. Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? .....

☐ Yes ☐ No

**REPLACEMENT**

1. Does the applicant have existing life insurance or annuity contracts? .....

2. Will this policy replace or change other insurance or annuities? .....

If question 2 is answered yes, list company and policy # \_\_\_\_\_

**AUTOMATIC PREMIUM LOAN**

Is Automatic Premium Loan requested? ☐ Yes ☐ No

**DELIVERY**

Mail Policy to: ☐ Owner ☐ Producer

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the company will rely on my answers in issuing the insurance. I understand that coverage takes effect when the first premium is paid.

Signature of Owner \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Signed in State \_\_\_\_\_ Date \_\_\_\_\_

**PRODUCER'S CONFIRMATION**

Are there existing life insurance and/or annuity contracts on the life of the proposed insured? ☐ Yes ☐ No To the best of my knowledge, replacement ☐ is ☐ is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Producer's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Producer Number \_\_\_\_\_

**FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENROLLMENT – Free Benefit**

Please enroll me as a non-voting FCGS member: ☐ Yes ☐ No

## CHILD RIDER APPLICATION FOR EXISTING POLICY

PLEASE PRINT LEGIBLY

**POLICY OWNER INFORMATION**

Name _____	Policy Number _____
------------	---------------------

**POLICY APPLICANT INFORMATION – If different from Owner**

Name _____	Relationship to Owner _____
------------	-----------------------------

**Name all natural-born children, stepchildren and legally adopted children or grandchildren for rider of Policy Applicant (Insured).**

**Applicants for Child Rider coverage must be at least 30 days old and cannot be more than 17 years of age.**

Full Name of Proposed Insured Child / Grandchild	Sex	Date of Birth	Relationship to Policy Applicant	Beneficiary is Policy Owner unless Otherwise Stated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**HEALTH INFORMATION – If any question is answered “yes” the proposed child / grandchild will not qualify for coverage.**  
**Please indicate which proposed child / grandchild answered “yes”.**

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
| 1. Is any Proposed Insured Child / Grandchild currently institutionalized, incarcerated, or in a care facility? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ins # _____ |
| 2. Has any Proposed Insured Child / Grandchild ever been diagnosed with or been treated by a member of the medical profession for cancer, complications of diabetes, heart or circulatory disorder, cerebral palsy, muscular dystrophy, spina bifida, or cystic fibrosis? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ins # _____ |
| 3. Has any Proposed Insured Child / Grandchild ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ins # _____ |
| 4. Has any Proposed Insured Child / Grandchild ever used or received treatment, advice or counseling from a member of the medical profession or other licensed practitioner relating to the usage of alcohol or drugs except as prescribed by a physician? .....                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ins # _____ |

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the company will rely on my answers in issuing the insurance. I understand that coverage takes effect when the first premium is paid.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policy Applicant \_\_\_\_\_ Date \_\_\_\_\_

Producer's Name \_\_\_\_\_ Producer's Number \_\_\_\_\_



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

Executive Offices:  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

## CHILD RIDER APPLICATION

PLEASE PRINT LEGIBLY

### POLICY OWNER INFORMATION

Name \_\_\_\_\_

### POLICY APPLICANT INFORMATION – *If different from Owner*

Name \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**Name all natural-born children, stepchildren and legally adopted children or grandchildren for rider of Policy Applicant (Insured).**

**Applicants for Child Rider coverage must be at least 30 days old and cannot be more than 17 years of age.**

Full Name of Proposed Insured Child / Grandchild	Sex	Date of Birth	Relationship to Policy Applicant	Beneficiary is Policy Owner unless Otherwise Stated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

### HEALTH INFORMATION – *If any question is answered “yes” the proposed child / grandchild will not qualify for coverage. Please indicate which proposed child / grandchild answered “yes”.*

1. Is any Proposed Insured Child / Grandchild currently institutionalized, incarcerated, or in a care facility? ..... ☐ Yes ☐ No Ins # \_\_\_\_\_
2. Has any Proposed Insured Child / Grandchild ever been diagnosed with or been treated by a member of the medical profession for cancer, complications of diabetes, heart or circulatory disorder, cerebral palsy, muscular dystrophy, spina bifida, or cystic fibrosis? ..... ☐ Yes ☐ No Ins # \_\_\_\_\_
3. Has any Proposed Insured Child / Grandchild ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? ..... ☐ Yes ☐ No Ins # \_\_\_\_\_
4. Has any Proposed Insured Child / Grandchild ever used or received treatment, advice or counseling from a member of the medical profession or other licensed practitioner relating to the usage of alcohol or drugs except as prescribed by a physician? ..... ☐ Yes ☐ No Ins # \_\_\_\_\_

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the company will rely on my answers in issuing the insurance. I understand that coverage takes effect when the first premium is paid.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policy Applicant \_\_\_\_\_ Date \_\_\_\_\_

Producer's Name \_\_\_\_\_ Producer's Number \_\_\_\_\_

## CHILD RIDER

Attached to and made part of this Policy issued by

### LINCOLN HERITAGE LIFE INSURANCE COMPANY

Executive Office: Phoenix, Arizona

Policy Number:	Amount
Insured #1 {John Doe}	\$ {10,000.00}
Insured #2 {Jane Doe}	\$ {10,000.00}
Insured #3	\$
Insured #4	\$
Insured #5	\$

**Child...** shall include any Child, Stepchild, or Grandchild named in the application for this Rider who has not reached his/her 18th birthday on the date of this Rider, or any of your Children, Stepchildren, or Grandchildren who are subsequently born or are legally adopted by you prior to their 18th birthday, provided that each Child must be at least 30 days old, and an application for a rider must have been received and approved. No Child will be insured under this Rider past the Period of Coverage. This Rider is issued in consideration of the application and payment of the premiums for this Rider.

**We will pay...** the amount shown above to the beneficiary of the Insured Child upon receipt of due proof of death of an Insured Child occurring while this Rider is in full force.

**Period of Coverage...** for any Child shall expire on the policy anniversary on or next following the Child's 25th birthday or the Expiry Date of the policy to which this Rider is attached if such Expiry Date is earlier.

**Continuation...** of this Rider is based on the continuation of premiums for the Policy and Rider to be paid by regular payments or policy loan or by waiver of premium benefits. However, it will terminate on the policy anniversary on or next following the 25th birthday of your youngest insured Child, Stepchild, or Grandchild or at the expiration of the grace period for payment of premium in default on the Policy to which this Rider is attached, or when the Policy terminates.

**Reinstatement...** provision of the Policy applies to this Rider. It must be shown that each Child qualifies for reinstatement. If such person does not qualify for reinstatement, he/she will be excluded from coverage under this Rider. Subject to the Grace Period provision, we shall not be liable for any death benefit arising during the period between the date of termination of this Rider and the date of reinstatement.

**Incontestability and Suicide...** provision of the Policy shall apply to this Rider. The periods of time set forth in the Incontestability and Suicide provisions of the Policy shall be measured from the effective date of this Rider, or the effective date of the coverage for any insured added to the Rider.

**Misstatement of Age...** of the Child in the application will result in the amount payable to be such as the premium paid would have purchased at the correct age and any period of insurance shall be adjusted to reflect the correct age of the Child.

**Premium...** for this Rider is stated in the Policy Schedule and is a part of the total premium for the Policy. On and after termination of this Rider, the total premium, whether paid by regular payments or by policy loan, will be reduced by the amount charged for this Rider. The payment of premium for this Rider shall not increase any cash or non-forfeiture values in the Policy.

**Conversion...** on the policy anniversary on or next following the 25th birthday of an Insured Child or on the regular termination date of this Rider, whichever date is earlier, the insurance on the life of such Insured Child may be converted without evidence of insurability, to a new policy on any permanent plan of insurance then being offered for sale by the Company. The new plan face amount may not be greater than the Child's death benefit under this Rider. Any new policy issued under this provision will be issued as of the date of conversion, subject to the following conditions.

1. Proper written application for the converted policy must be made to Us at Our office not later than thirty-one days after the date conversion is permitted as provided above.
2. The new plan shall become effective only after the Company has receipt of the first premium within the thirty-one day conversion period and while the Child to be insured is living.



Secretary



President

# LINCOLN HERITAGE LIFE INSURANCE COMPANY

An Illinois Stock Company  
Executive Office: Phoenix, Arizona

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER

Forming a part of the Policy to which it is attached

Insured's Name: {John Doe}

Policy Number: {27-1234567}

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** – We agree to pay the amount of the Benefit set forth in the Schedule below to You or Your Beneficiary when We receive due proof of the accidental loss. The due proof of accidental loss must show the accidental loss occurred while the Policy and this Rider are in full force. Coverage under this Rider is effective for the Insured listed above. No accidental loss benefit is payable for any Insured not listed as an Insured on this Rider. Any payment of benefits will be subject to the terms and conditions of this Rider. Payment of the Accident Loss Benefit shall be in a single lump sum and shall be in addition to any other amounts payable under the Policy. We will pay only one accident benefit amount, the greater amount, for losses resulting from the same accident.

### BENEFITS FOR ACCIDENTAL LOSS

Loss of Life			
Loss of Both Hands			
Loss of Both Feet		Loss of One Hand	
Loss of Both Arms		Loss of One Arm	
Loss of Both Legs	[\$5000]	Loss of One Leg	[\$2500]
Loss of Sight of Both Eyes		Loss of One Foot	
Loss of One Hand and One Foot		Loss of Sight of One Eye	
Loss of One Hand and Sight of One Eye			
Loss of One Foot and Sight of One Eye			

**Any loss must occur within one hundred and eighty (180) days of the accidental bodily injury to be payable.**

- Loss of a hand means permanently severed at or above the wrist but below the elbow;
- Loss of a foot means permanently severed at or above the ankle but below the knee;
- Loss of arm means permanently severed at or above the elbow;
- Loss of leg means permanently severed at or above the knee;
- Loss of sight means permanent and uncorrectable loss of sight in the eye; visual acuity shall be 20/200 or worse in the eye; or the field of vision must be less than twenty (20) degrees;

**DEFINITION OF ACCIDENTAL LOSS** – For purposes of this Rider, accidental loss is an accidental death or dismemberment as set a direct result of a covered accident sustained by the Insured. The accidental loss must occur within one hundred eighty (180) days after the date the Insured sustained injury. The accidental loss cannot be a direct result and not caused by any one or more of the **ACCIDENTAL LOSS EXCLUSIONS**. For the purposes of this Rider, injury is an accidental bodily injury sustained by the Insured while this Rider is in-force, which is a direct result of an accident, independent of disease or bodily or mental infirmity or any other cause.



**ACCIDENTAL LOSS EXCLUSIONS** – These are risks We do not assume or cover.

- (a). Death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- (b). Death caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (c). Death caused or contributed to by committing or attempting to commit a felony;
- (d). Death caused or materially contributed to by voluntary intake or use by any means of:
  - 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
  - 2. Poison, gas or fumes, unless a direct result of an occupational accident;
- (e). Death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
- (f). Death caused or materially contributed to by participation in an illegal occupation or activity.

**SPECIAL COMMON CARRIER OR TERRORISM ACCIDENTAL DEATH BENEFIT** – We will pay an amount equal to four times the Loss of Life Benefits set forth in the Benefits for Accidental Loss section of this Rider. Death of the Insured must occur as defined and sustained in a manner described in this Rider. Death of the Insured must occur within one hundred and eighty (180) days from the date of the covered accident.

**AIRPLANES:** While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

**RAILWAYS:** While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

**MOTOR BUSES:** While riding as a fare-paying passenger in a public motor bus; operating as a common carrier; and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

**BOATS, SHIPS:** While riding as a fare-paying passenger in or upon a passenger boat or ship, provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

**ELEVATED, SUBWAYS AND STREET CARS:** While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

**ACTS OF WAR OR TERRORISM:** While a resident of the United States, an act of war or terrorism, which occurs in the United States. For payment of this benefit, We define terrorism as a willful act of violence aimed at random individuals and/or groups with the intention of intimidation or coercion of the population or to influence governmental policy. Terrorism will include "Hate Crimes" that are shown to be premeditated and unprovoked acts of violence against an individual based upon religion, ethnicity, race, gender, sexual orientation or disability.

Election of payment under this section shall be in lieu of and precludes further payment of any benefits under any other section. We will deduct any benefits already paid under the Benefits for Accidental Loss section for the same accident from benefits payable under this section. We will pay only one benefit under this Section.

**PASSENGER AUTOMOBILE** – We will pay an amount equal to two times the Loss of Life Benefit set forth in Benefits for Accidental Loss section of this Rider. Death of the Insured must occur within one hundred and eighty days (180) of a covered injury. For the payment of this benefit, injury of the Insured must occur while riding in a passenger automobile and wearing a seat belt or riding in a seat protected by an air bag, traveling on a designated and maintained public roadway.

**TRANSPORT OF MORTAL REMAINS (Limited Coverage-Please Read Carefully)** – We agree to reimburse actual expenses for the transfer of the Mortal Remains of the Insured to the city of their legal residence. We will pay an amount up to one thousand dollars (\$1,000) for each Unit of Coverage, upon the death of the Insured. Death must occur at a location more than two hundred (200) miles from the legal residence of the Insured Person at the time of death.

**EXAMINATION / AUTOPSY** – We shall have the right and opportunity to examine the Insured suffering a loss. We shall have the right to have an autopsy performed, unless the law prohibits performing an autopsy. If We request an examination or autopsy, We will pay any expense associated with the examination or autopsy.

**INCONTESTABILITY** – We will not contest any claim for death under this Rider after it has been in force during the lifetime of the Insured for two (2) years after the date of issue of this Rider when permitted by the applicable law in the state where the Policy is issued for delivery.

**NON-FORFEITURE VALUES** – This Rider does not have cash values or loan values and does not increase the cash values or loan values of the Policy.


**TERMINATION OF RIDER** – Under the following conditions, this Rider will automatically terminate without any action by Us or notice to or from You. Termination of this Rider shall not prejudice the payment of benefits for any Accidental Loss, which occurred while this Rider was in force. Termination of this Rider will occur on the earliest of following conditions of terminations:

1. Written request from the Owner for termination of this Rider;
2. Upon termination of the Policy to which this Rider is attached;
3. Upon nonpayment of the identifiable charge for this Rider;
4. Upon the date the Policy lapses or is continued as extended or paid-up insurance under the nonforfeiture provisions.

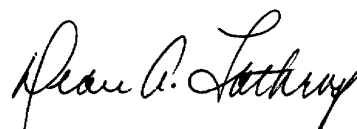
**PAYMENT OF PREMIUMS** – The premium for this Rider and the period premiums are payable, are shown in the Schedule of Benefits and Premiums of the Policy. We issue this Rider in consideration of the attached application and the payment of the premiums for this Rider.

**EFFECTIVE DATE** – Unless otherwise specified in the Schedule of Benefits and Premiums of the Policy, the effective date of this Rider is the Date of Issue of the Policy.

**RIDER APPLICABILITY** – All provisions of the Policy will apply unless stated otherwise in this Rider.



President



Secretary



Executive Offices:  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

ACTIVATION FORM FOR ADDITIONAL BENEFITS

PLEASE PRINT LEGIBLY

<b>Additional Benefits</b> [variable]	<b>[Individual Routing Number]</b>
<b>Accidental Death and Dismemberment Benefit / Death Due to Act of War or Terrorism Benefit / Transport of Mortal Remains Benefit</b>	<b>[Jane Doe] [123 Main Street] [Any Town, XX, 00000]</b>
Monthly Premium [variable] _____	
Offer Expires [variable] _____	
I wish to add these additional benefits to my policy using my current billing method.	
I understand that coverage takes effect when the first premium is paid.	
Signature _____ Date _____	

State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	New Individual Life Policies		
Project Name/Number:	/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Certification attached		
Attachment(s):			
Certification of Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:	Certificate of Compliance attached		
Attachment(s):			
Certification of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Statement attached		
Attachment(s):			
Statement of Variability.pdf			


## **CERTIFICATION OF FLESCH READABILITY SCORE**

I, Shirley Grossman, Vice President for Lincoln Heritage Life Insurance Company do hereby certify that the forms listed below have text that achieves a minimum score of 44.0 on the FLESCH reading ease test. The forms print in not less than ten (10) point type and one (1) point leaded, except for specification pages, any schedules and tables.

Policy Form(s):

12WL-AR – Individual Whole Life Endowment at 100 Insurance  
1220P-AR – Individual Twenty Pay Endowment at 100 Insurance  
12GDB-AR – Individual Whole Life Endowment at 100 Limited Benefit Insurance  
12GDBEND-AR – Endorsement for Limited Death Benefits  
12FEAPPR-AR – Application for Individual Life Insurance  
12EPCHRDAPPR-AR – Application for Child Rider  
12CHRDAPPR-AR – Application for Child Rider  
12CHRD – Child Rider  
12ADDD – Accidental Death and Dismemberment Rider  
12AD – Activation form for Accidental Death and Dismemberment Rider

## **LINCOLN HERITAGE LIFE INSURANCE COMPANY**



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Shirley Grossman, Vice President

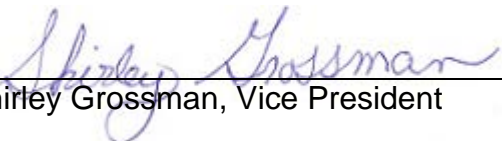
## **Certification of Compliance**

### **Lincoln Heritage Life Insurance Company**

As specified in the Arkansas Insurance Regulations, I do hereby certify that the Company has reviewed the contents of Arkansas Rule and Regulation 19 and to the best of its knowledge and belief this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department.

Enclosed policy forms:

12WL-AR  
1220P-AR  
12GDB-AR  
12GDBEND-AR  
12FEAPPR-AR  
12EPCHRDAPPR-AR  
12CHRDAPPR-AR  
12CHRRDR  
12ADDRD  
12AD

  
\_\_\_\_\_  
Shirley Grossman, Vice President

September 5, 2012  
\_\_\_\_\_  
Date

## **Statement of Variability**

The only variable information associated with these forms is the information that is specific to the company or the individual completing the form or the individual insured covered by the policy or the producer making the sale.

The owner and applicant information is variable to the extent that the information is specific to the person completing the information or the person applying for coverage.

The executive office of the company is variable to the extent that the company may at some future date change physical location of the office.

The signatures of the officers are variable to the extent that the individuals holding these positions may change due to retirement or some other unforeseen future event.

The owner and insured information found on the policy schedule pages is variable to the extent that this information is specific to the individual owners and insureds, and differs based on the information given in the completed application.

The ultimate face amount is variable to the extent that each applicant may choose a coverage amount specific to their needs. The range of coverage amount the applicant may choose is from \$1000 - \$20,000

The premiums are level and payable and are variable to the extent they are based on the applicant's choice. The three choices available are payment of premiums for twenty years or for the lifetime of the Insured or until the insured reaches the age of 100.

The issue age is variable to the extent that each applicant may be a different age at the time of application. These product will be available to applicants whose age falls within the range of 0 – 85.

The policy endows for the ultimate face amount when the applicant attains the age of 100 and is variable to the extent that each insured may reach the endowment age on different dates and the dollar amount of the endowment is based on the benefit chosen by the applicant.

The benefit amount is variable for form 12CHRDR to the extent that each applicant may choose coverage amounts in number of units ranging from 1 – 5 per child.

The benefit amount is variable for form 12ADDRD to the extent that each applicant may choose coverage amounts in number of units ranging from 1 – 8.

None of the text found in the application forms is variable.